

# INCIDENT REPORTING

Presenter: Brenda Hogan

June 27, 2014

# Incident Reporting

## **Rule 8. Protecting Individuals**

455 IAC 2-8-1 Procedure for Protecting Individuals

Each provider of services shall establish written procedures for:

- Administrative action against;
- Investigating an alleged violation by;
- Disciplinary action against; and dismissal of :

An employee or agent of the provider, if the employee or agent is involved in the alleged, suspected ,or actual abuse , neglect , exploitation , mistreatment or a violation of the individual's rights.

# Incident Reporting

455 IAC 2-8-1 Procedure for Protecting Individuals-cont.

**Each provider of services shall establish written procedure for employees or agents of the provider to report violations of the provider's policies and procedures .**

**Each provider of services shall establish written procedure for employees or agents of the provider for informing:**

- Adult Protective Services (APS) or Child Protective Services (CPS);
- An individual's legal representative, if applicable;
- The appropriate ombudsman;
- Any person designated by the individual; and
- The Case Manager of a situation involving the alleged, suspected, or proven abuse, neglect, exploitation, mistreatment of an individual , or the violation of an individual's rights.

# Incident Reporting

455 IAC 2-8-1 Procedure for Protecting Individuals-cont.

**Each provider will inform individuals of their right to exercise any or all without:**

- Restraint;
- Interference;
- Coercion;
- Discrimination; or
- Threat of reprisal; by the provider, employee, or agent.

**Each provider of services shall:**

- Establish and make available to the individual written protocol for reporting required reportable unusual occurrences to the DA.

**Each provider of services shall:**

- Establish and make available to the individual written protocol informing the individual about the right to file a COMPLAINT .

# Incident Reporting

455 IAC 2-8-2 Unusual occurrence ; reporting

**Reportable Unusual Occurrence** (RUO) means an “incident of suspected abuse, neglect, or exploitation or **other situations** that place at risk an adult or child receiving Home and Community Based Services (HCBS).

- 455 IAC 2-4-27.

**RUO include, but are not limited to, the following:**

- 1. Alleged, suspected, or actual abuse, neglect, or exploitation of an individual.** The provider shall do the following:
  - Suspend staff involved pending provider investigation.
  - Report the incident to the applicable APS or CPS office.
  - APS- Over the age of 18.
  - CPS-Under the age of 18.
- 2. Alleged, suspected, or actual assault by an individual.**

# Incident Reporting

455 IAC 2-8-2 Unusual occurrence; reporting-cont.

**3. The Death of an individual;** report to the local APS or CPS unit as well.

Be sure to complete the fields verifying APS/CPS contact including:

- Name of the person contacted;
- Phone number of the contact; and
- County of the contact.

**4. A residence that compromise the health and safety of an individual due to the following:**

- A significant interruption of a major utility.
- An environmental, structural, or other significant problem.

# Incident Reporting

455 IAC 2-8-2 Unusual occurrence ; reporting-cont.

**5. Environmental or structural problems associated with a dwelling where individuals reside that compromise the health and safety of the individuals.**

**6. A residential fire resulting in any of the following:**

- Relocation.
- Personal Injury.
- Property Loss.

**7. Suspected or observed criminal activity by:**

- A staff member, employee, or agent of a provider;
- A family member of an individual receiving services; or
- The individual receiving services ;

when the care of the individual is impacted or potentially impacted.

# Incident Reporting

455 IAC 2-8-2 Unusual occurrences; reporting -cont.

**8. Injuries of Unknown origin.**

**9. Suicidal ideation or a suicide attempt that had the potential to cause physical harm, injury, or death.**

**10. A major disturbance or threat to public safety created in the community by the individual.**

The threat can be:

- Toward anyone, including staff; and
- In an internal setting; and need not be outside the individual's residence.

**11. Admission of an individual to a nursing facility, excluding respite stays.**



# Incident Reporting

455 IAC 455 2-8-2 Unusual occurrence; reporting-cont.

12. **A significant injury to an individual**, including, but not limited to , the following: Note: **The DA defines “significant” as anything that cannot be covered by a standard 1 x 3 inch band-aid.**

- A fracture.
- A burn greater than first degree.
- Choking that requires intervention.
- Contusions or lacerations.

13. **An injury that occurs while an individual is restrained.**

- **All restraints are prohibited in DA services**

# Incident Reporting

455 IAC 2-8-2 Unusual occurrence ; reporting- cont.

14. Police involvement when there is an arrest.

15. A missing person:

- Residency
- Community
- Work
- Other
- **Note: Keep in mind that those we serve are not necessarily homebound so a report is not required if you show up to provide services and they are not there. When you start thinking about filing a “missing-person” report with law enforcement is the time to report under this category.**

16. Inadequate staff support for an individual, including inadequate supervision, with the potential for endangering the health or welfare of the individual.

# Incident Reporting

455 IAC 2-8-2 Unusual occurrence; reporting-cont.

## **17. Medication Errors when they occur in a residential program** (Assisted Living, Adult Family Care and Adult Day Service):

- Wrong medication.
- Wrong dose given.
- Missed dose(s).
- Wrong route of administration.

## **18. Falls are not required to be reported unless they result in injury, or there is a pattern of falls which indicate an increased danger to the person**

- Fracture.
- Head Injury.
- Laceration.
- Bruising.
- Significant injury.
- Medication.

# Incident Reporting

455 IAC 2-8-2 Unusual occurrence; reporting-cont.

## Who shall report ?

An incident shall be reported by a provider or an employee or agency of a provider who: is providing services to the individual at the time of the incident; or becomes aware of or received information about an alleged incident.

An initial report regarding an incident shall be submitted according to the DA policy upon:

- The occurrence of the incident; or
- The reporter becomes aware of or receives information about an incident.
- Providers are required to report incidents of RUO within **forty-eight (48)** hours of the time of the incident occurred, or knowledge of.
- An incident involving an allegation or suspicion of abuse, neglect, exploitation, or death of an individual must be submitted within **twenty-four (24) hours** of the incident or knowledge of.
- Any staff suspected, alleged, or involved in an incident of abuse, neglect, or exploitation must be **suspended** immediately after the incident occurs, and during the provider's investigation of the incident.

# Incident Reporting

455 IAC 2-8-2 Unusual occurrence; reporting- cont.

Who shall report-cont.

**The reporting entity shall make available a copy of the initial Incident Report (IR), at a minimum to the following:**

- The individual or the individual legal guardian;
- The Case Manager;
- APS or CPS; as applicable;
- The individual other services providers; as applicable; and
- The local law enforcement agency if requested or applicable (city police; county sheriff).

# Incident Reporting

455 IAC 2-8-2 Unusual occurrence; reporting-cont.

## What happens if I don't report?

The provider of services is responsible for submitting initial RUO incidents, if the provider does not submit the initial incident the following can happen:

- The Case Manager or someone else reports it. The DA will notify the agency that should have reported it their staff failed to report the incident. These notifications are tracked.
- Continued failure to report could result in a **COMPLAINT** requiring a corrective action plan with the DA.
- The DA could put a **HOLD** on new referrals.
- There could be a **TERMINATION** of your agency as a provider through the DA; and
- Depending on the severity of the issue, a **COMPLAINT** may be submitted to another entity (i.e. ISDH, Attorney General).

# Incident Reporting

455 IAC 2-8-2 Unusual occurrence; reporting-cont.

## **What is the review procedure?**

The DA will review the initial IR within 7.50 business hours of submission, and if the IR includes a feasible plan to resolve the incident , the DA may:

- Confirm implementation of the plan; and
- Verify the consumer's health, safety, and welfare is safeguarded.

The DA reviewer will close the IR when the consumer's health, safety, and welfare concerns are successfully resolved.

The provider of services will not receive notification when the incident is closed.

The DA reviewer will determine if formal follow-up are required in addition to the initial IR.

Notification of required follow-up is directed to the individual's Case Manager(CM). If no CM, the notice will go to the Area Agency on Aging liaison.

The CM will contact the individual, provider, and other interested parties to discuss and address the incident.

# Incident Reporting

455 IAC 2-8-2 Unusual occurrence; reporting-cont.

## **Reporting Tools:**

All incidents for individuals receiving funding under the Aged & Disabled (A&D), Traumatic Brain Injury (TBI), and Money Follows the Person (MFP) waiver shall be submitted over the internet through the Incident & Follow-Up Reporting (IFUR) Tool. The address for the IFUR tool is as follows:

**<http://ddrsprovider.fssa.in.gov/IFUR>**

All incidents for individuals funded under the Community and Home Options to Institutional Care for the Elderly and Disabled (CHOICE), Social Services Block Grant (SSBG), Title 3 of the Older American Act (Title 3), and Title 3 E shall be submitted over the internet through any web browser. The address for initial incident reporting is as follows:

**<http://myweb.in.gov/FSSA/aging/incident/incidtn.asp>**



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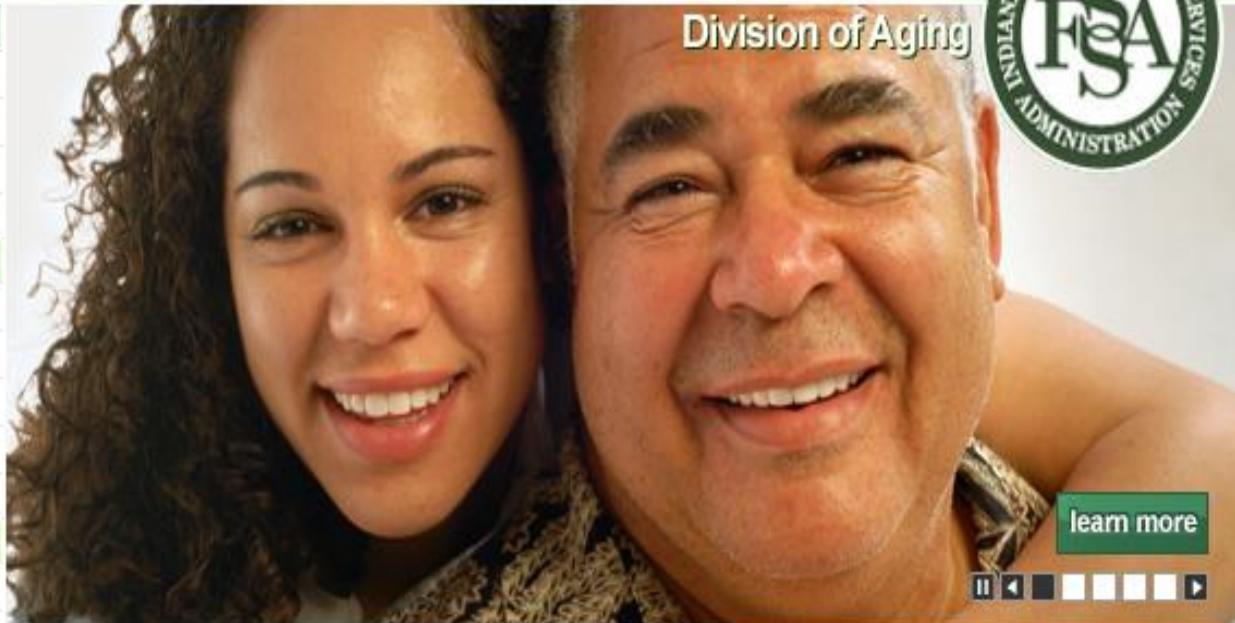
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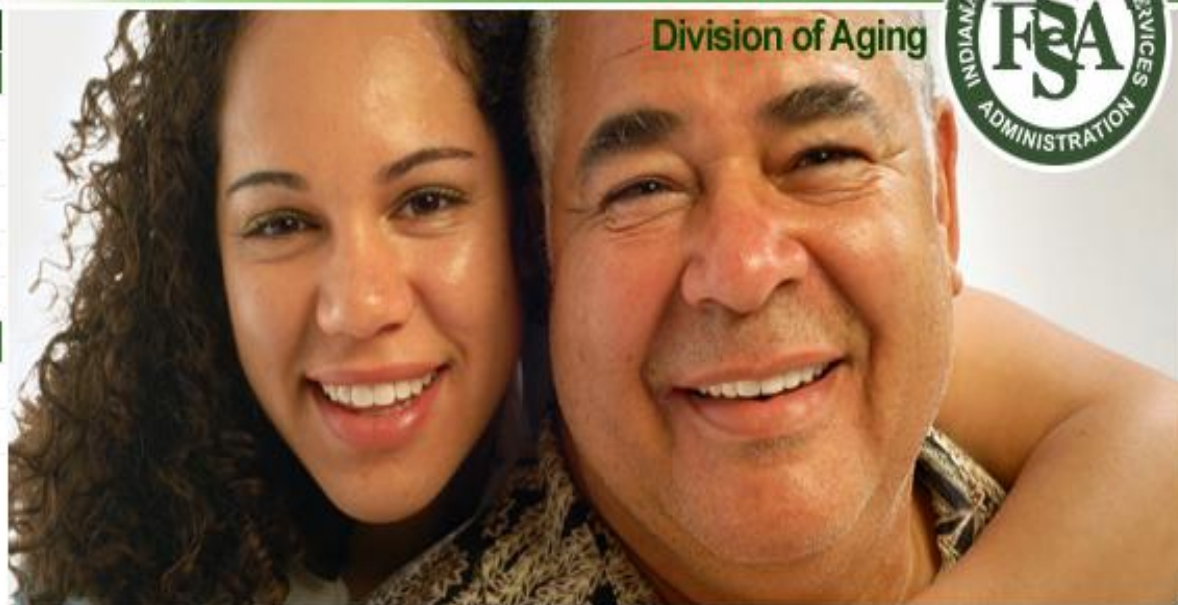
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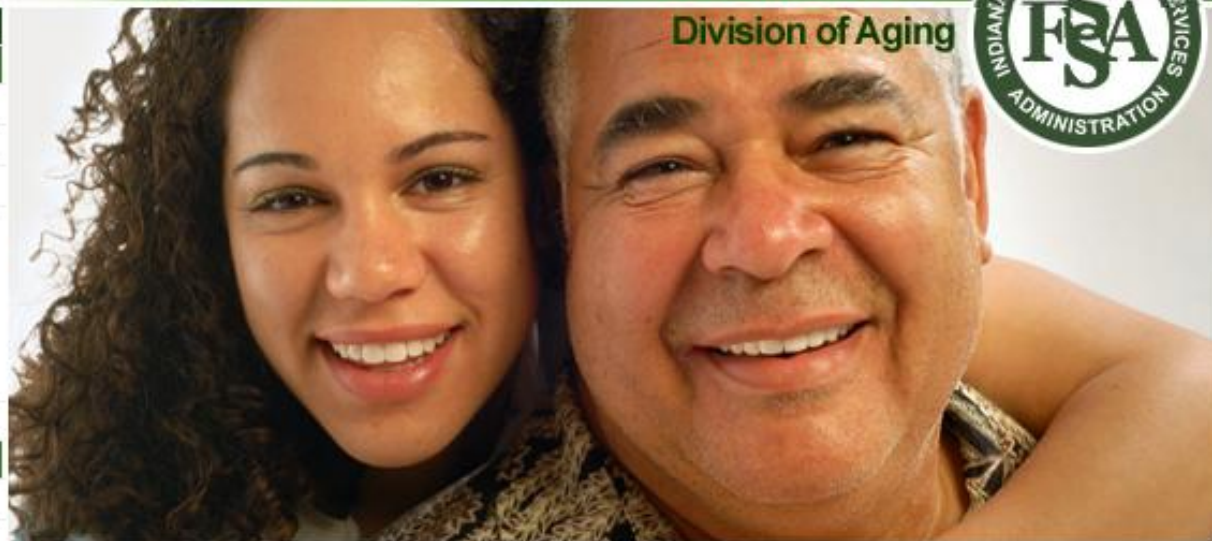
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## Incident Reporting

## Instructions

- [Division of Aging Reportable Incident Web site](#) (use for incidents involving **waiver** clients)
- [User Manual for Division of Aging Reportable Incident Web site](#)
- [Division of Aging Incident Reporting Web site for \*\*non-waiver\*\* clients](#)
- [User Manual for Division of Aging Incident Reporting Web site for non-waiver clients](#)

## Contacts

- [Adult Protective Services State Hotline](#): 1-800-992-6978
- [Child Protective Services State Hotline](#): 1-800-800-5556

## References

- [IN 460 1.2 Home and Community Based Services](#)
- [Incident Reporting Policies](#)
- [Division of Aging Incident Reporting: Policy and Procedure](#)

# Incident Reporting

Narrative: Writing:

**The narrative of the IR should be brief, but clear, about the details of :**

- What happen;
- Who is involved;
- When did the incident occur;
- Where did the incident occur;
- What steps will be taken to resolve the incident; or
- What steps have already been taken to resolve the incident.

# Incident Reporting

Narrative Writing-cont.

**The Death of Person narrative should be informative:**

Was the death result of:

- Terminal illness;
- Long Term Disease process;
- Accident or trauma;
- Homicide or suicide;
- Elopement;
- Abuse, neglect, or exploitation

Was the death expected, if known;

Was there a Do Not Resuscitate (DNR )order;

Was the participant a Hospice patient (In-patient or Home);

Where life support measures removed;

What was the cause of death , if known:

A narrative that is too short.

Client was in vehicle that was hit by another car.

# A Narrative which is TOO DETAILED:

Case Manager went to Client's home to have Client sign her Plan of Care to change agencies. When Case Manager arrived at the home, Case Manager called Client's cell phone, but Client did not answer. Case Manager went to Client's front door (which leads into an enclosed porch) there was a gate with a pad lock on it and a screen door. CM knocked on the door by putting hand through the gate. Client yelled to CM, stated to Client that CM was from Area Agency.

Case Manager could see Client through the screen door, CM attempted to open the screen door by putting CM's hand through the gate and pushing the handle; the door was jammed and would not open. Client pulled on the door and she could not open the door.

Case Manager stated to Client that the non emergency number should be called due to the screen door being stuck, Case Manager stated that since the door was jammed was not an immediate emergency and it appeared as if the door was just pulled too tight. Client pressed her PERS button which is on her wrist. Client went back into the house to talk to the dispatcher on the PERS unit. Case Manager was able to push the screen door open and CM yelled to Client that the screen door was open. Client came back to the door that leads into her enclosed porch and threw keys to the CM, CM had to reach through the gate to open the pad lock.

CM opened the gate and went into Client's home which appeared to be in deplorable conditions. There was paint peeling off of the walls, the floors, ceilings, and walls appeared water logged. Client propelled herself back into the living room. CM stated to Client that CM was just at Client's home to have her sign the Plan of Care so services can begin this week. CM stated to Client that if CM can go back to the office and fax the vendor authorization then someone may be able to come to her home today or tomorrow. CM explained to Client that CHOICE pays for her ATTC services, CM explained the units and how much the provider will be paid per month...



## Wait there's More ...

... Client signed the Plan of Care and the vendor freedom of choice. CM proceeded to leave and a Paramedic arrived. The Paramedic stated his name. He stated they receive frequent calls from Client's PERS unit. Client became agitated and stated, "You aren't taking me to a Nursing Home!"

When the paramedic went back to his truck, Client stated to CM, "They have tried to take me out of my home numerous times and put me in a Nursing Home, I'm not leaving my home!" Case Manager stated to Client that after the door jammed today, Client could not get in or out of her home and if CM was not at the home, if there was a fire, or any other emergency Client's safety is at jeopardy. Case Manager stated to Client that since Client stated that she needs so much work done to her home and she cannot afford it, has she considered a Senior Citizens apartment or an assisted living facility that is income based. Client stated, "Well, I don't want to move in any Senior Citizen apartments." Case Manager stated to Client that CM could look into funding regarding assisting Client with repairing her home.

The Paramedic, wanted to meet with CM. He stated that he is very concerned about Client's safety and well being. He stated that he has been called to Client's home numerous times and she will not open the door, he stated that when Client had a tenant living with her, he opened the door when Client pressed her emergency button. He stated that he is afraid that something bad is going to happen to Client due to Client's current living conditions.

...

# Some Good Examples of a Narrative

- Notified by home care agency at 11:00 pm that client passed away at home. Client had end stage renal disease and death was expected. Hospice has been in the home for over a year. CM notified on 10/27/10 that client had sudden decline in health over the weekend and was not expected to last much longer. Hospice increased care with more nursing visits and caregiver/wife family provided additional supports.
- Client had to evacuate her apartment around 3:00 pm due to a construction crew hitting a gas line across the street from the apartments where this client lives. Client was taken to an elementary school which was set up as a shelter site. Around 7:00 pm the gas was shut off and a safety sweep was done of the affected buildings and the client was able to return home.

# Additional Information

## 1. APS Local Office Contact Information:

- <http://www.in.gov/fssa/da/3479.htm>
- Adult Protective Services State Hotline: (800) 992-6978.

## 2. Child Protective Services State Hotline: 1-800-800-5556

## 3. Long Term Care Ombudsman Contact Information:

- <http://www.in.gov/da/3474.htm>

## 4. The state of Indiana's toll-free Complaint hotline number is (888) 698-0003.

## 5. Medicaid Waiver individuals' Incident Reports and Follow-Up reports are reported via the internet at: <https://ddrsprovider.fssa.in.gov/IFUR?>

## 6. Non-Waiver individuals' Incidents Reports should be sent over the internet through any web browser. The address is <https://myweb.in.gov/FSSA/aging/incident/incident.aspx> .

## 7. Provider E-Mail addresses: <https://DDRSprovider.Fssa.in.gov//BDDS>

- Left hand side menu: NOA E-Mail address

# Additional Information

The Division of Aging Contact Information:

- Steve Bordenkecher, Assistant Director, Quality Assurance Quality Improvement (QAQI): (317) 234-6466
- Brenda Hogan, Program Director, QAQI: (317) 232-7132.
- Mindy New, Incident Reporting QA Specialist (Waiver) Reviewer: (317) 232-7064
- Lydia Ott, Incident Reporting QA Specialist (Non-Waiver Reviewer): (317) 232-7017.
- Sherry Beck, APS/QA Liaison: (317) 234-6731

All questions relating to Incident Reporting (IR) should be sent to the DA mailbox at:

- [DA-IR@fssa.in.gov](mailto:DA-IR@fssa.in.gov)